

Instructions for data entry

Old forms – Yellow

Section 1 (yellow form)

Enter

- **Name of Counselor**
- **Date of Contact**
- **Type of Contact**

Into Section 1 of the screen

Section 2 (yellow form)

Enter

- **Client County**
- **Client Zip Code**

Into Section 2 of the screen

Enter

- **Financial Eligibility**

Into Section 3 of the screen

Convert **Date Of Birth** to age range then enter into Section 3 of the screen

Enter **Medicare Part A, Part B** if checked - into Section 6 of the screen

Enter **Disabled** – if checked - into Section 3 of the screen

Enter **Primary Language** – if checked - into Section 2 of the screen

Section 3 (yellow form)

Enter **Assistance Requested By** (Relationship to Client)
into Section 2 of the screen

Yellow Form convert to >>>	CATS Screen
Caregiver	Caregiver/Family Member/Legal Rep
Agency	Agency
Spouse	Spouse
Parent	Caregiver/Family Member/Legal Rep
Adult Child	Caregiver/Family Member/Legal Rep
Legal Rep.	Caregiver/Family Member/Legal Rep
Other	Other

Section 4 (yellow form)

INDIVIDUAL/GROUP INSURANCE

Enter values into Section 6 – Non-Medicare Topics - of the screen

LONG-TERM CARE INSURANCE

MEDICAID

MEDICARE – MEDIGAP – MEDICARE + CHOICE

FRAUD AND ABUSE

PRESCRIPTION ASSISTANCE/PLANS

Enter values into Section 6 – Medicare Topics - of the screen

Section 4 (yellow form), cont.

If no boxes are checked

Enter values into Section 6 – Medicare Topics - of the screen

PRESCRIPTION DRUG ASSISTANCE - MEDICARE RX (PART D)

- ☐ Plan Eligibility
- ☐ Low Income Assistance
- ☐ Enrollment /Application Assistance

check all three boxes

If **Complaint** is checked

Enter into Section 8 of the screen

Other instructions

To complete Section 1 on the screen

Counseling site zip code

If there is a value in Client Zip code, enter the same value here

If there is no value, enter the zip code of the Sponsor site (see Chart 2)

Time spent

Check the bottom of page 3 or the bottom of page 4

If there is a value, enter in Section 1 of the screen

If there is no value, enter 20 minutes – for phone call or e-mail/fax/mail

If there is no value, enter 1 hour– for in person (site), in person (home visit)

To complete Section 2 on the screen

Gender

Check the client name

If there is a value, use your best judgment

If there is no value, enter Female

To complete Section 3 on the screen

Age Range

Enter “declines to disclose”

Disabled

If checked, enter into Section 3 on the screen

If not checked, enter “declines to disclose”

Race/ethnicity

Enter “declines to disclose”

To complete Section 4 on the screen

How did you hear about the SHIBA HelpLine?

Check “declines to disclose”